

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26061

State File No. _____

AUG 12 1941 773

Primary Registration District No. 6018A

Registrar's No. 108

1. PLACE OF DEATH:

(a) County. St. Francois
(b) City or town. Rural St. Francois Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 month, 21 days
(Specify whether years, months or days)
In this community.

3. (a) PRINT FULL NAME LESLIE CLARENCE BELLEVILLE

3. (b) If veteran, name war. No 3. (c) Social Security No. Unknown
4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Single
6. (b) Name of husband or wife. None 6. (c) Age of husband or wife if alive. _____ years
7. Birth date of deceased. 12 6 1912
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
28 7 0 _____ hr. _____ min.

9. Birthplace. Maplewood Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation. Clerk
11. Industry or business _____
12. Name. Peter Belleville
13. Birthplace. St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name. Lennie Brinkmann
15. Birthplace. St. Louis Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant. State Hospital No. 4 Records
(b) Address. Farmington, Missouri
17. (a) Burial (b) Date thereof. 7-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. St. Louis
18. (a) Signature of funeral director. W. J. Robinson
(b) Address. 7146 Maplewood
19. (a) July 6, 1941 (b) W. J. Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. St. Louis
(c) City or town. Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 2206a Yale
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. July day. 6th
year. 1941 hour. 2 minute. 25 P.M.
21. I hereby certify that I attended the deceased from May
15th 19 41 to July 6th 19 41,
that I last saw him alive on July 6th 19 41,
and that death occurred on the date and hour stated above.
Immediate cause of death. Heat Stroke (Temp. 109.4)
probably due to hemorrhage in thalamic
? of brain. 1 day
Due to. Dementia Praecox 2 plus yrs
Due to. None
Other conditions. NO
(Include pregnancy within 3 months of death)
Major findings: NO
Of operations _____
Of autopsy. REFUSED

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature. W. J. Robinson (M.D. or other) _____
Address. Farmington, Mo. Date signed. 7/11/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.